

City of Springfield
127 West Main Street
Springfield, KY 40069
PH: 859-336-5440 FAX: 859-336-5455

APPLICATION FOR ZONING PERMIT

Application Date: _____ Application Fee: _____**
** New Residence - \$100 Addition - \$50 Accessory Building - \$25
Commercial/Industrial - .02/sq.ft. with \$50 minimum and \$500 maximum

Zoning Classification: _____ Proposed Use: Residential Multi-Family
 Commercial Industrial

Is Zoning Change Required? _____ (If yes, what class is required?) _____

Is proposal in an approved subdivision? _____ If so, Plat Book _____ and Page Number _____
(Owner/Developer is advised to abide by subdivision laws and regulations as applicable to property)

Owner Name and Address: _____

Phone Number: _____

Builder/Developer Address: _____

Phone Number: _____

Property Deed Book _____ & Page No. _____ Lot Size _____

Building Size _____ (In Sq. Footage)

Parking Required _____ Parking Provided _____

Approximate Cost of Construction \$ _____

Are there existing binding elements? Yes No Attached
+ Conditional Use Permits, Sub. Regulations,
variances, etc.+

Is plan (drawn to scale) Attached? Yes No Attached

County Health Officer Certification? Yes No Attached

+Only Req. if City Sewer Service is not available+
Copy of Deed? Yes No Attached

Metes & Bounds Description? Yes No Attached

+This may be included in your deed+
Is property in a regulatory Floodplain? Yes No Attached

+If yes, refer to Ordinance #97-012 available
at City Hall+

Attach a listing of names and addresses of
Adjoining property owners (if required) Yes No Attached

Utility Availability Letters?
Water/Sewer Yes No Attached

Electric Yes No Attached

Gas (if applicable) Yes No Attached

The owners of said property certify that the contractor/developer or builder has a valid city license and will abide by all occupational tax laws and all other laws in the City of Springfield.

This proposal may require a state certificate from the KY Dept. of Housing, Building and Construction. Please contact the state ((502)573-0373) prior to construction to see if state approval is required. This is the owners responsibility!!

Permit will become void 12 months from the date of issuance unless substantial progress has been made by that date on the construction or alteration authorized herein. A permit may be reviewed for renewal by the Zoning Officer and/or the Planning Commission.

Home Builders performing construction in any subdivision will be required to prevent unnecessary runoff and protect the drainage structures, neighboring properties and infrastructures within the subdivision with proper silt check devices and repair any damage incurred by their construction.

ZONING PERMIT DISCLAIMER

Please read carefully and sign below:

I do hereby affirm and agree that I will observe all existing easements whether apparent or not and understand that it is my responsibility to determine the location and extent of any and all easements. I do hereby affirm and agree that I will determine and comply with all applicable requirements and regulations of the City of Springfield Zoning Ordinance, the utility companies that serve the subject property, including but not limited to the Springfield Water and Sewer Commission, the City of Springfield Public Works Dept., and the State of Kentucky including but not limited to the KY State Building Code and the requirements of the State Highway Department. I do hereby certify and state, pursuant to KRS 198B.060(10), that all contractors and subcontractors employed or that will be employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements for Worker's Compensation Insurance (KRS Chapter 342) and Unemployment Insurance (KRS Chapter 341).

I do also hereby affirm and agree that I will determine and comply with any subdivision restrictions or regulations, deed restrictions and regulations of the City of Springfield Zoning and Subdivision laws. I also certify that the setback shown on this permit application are accurate to the best of my knowledge and that I have done my utmost to determine true and accurate property boundary lines.

I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the City of Springfield and its staff, boards and commissions of any liability relating to my failure to meet the obligations stated above.

Signed _____ **Printed Name** _____ **Date** _____

Permit reviewed by the Springfield Water Company for accessibility and location of water and sewer lines. **Signature of Water Company Official** _____

OFFICE USE ONLY

- ___APPROVED___DISAPPROVED___VARIANCE REQUIRED
1. PERMIT ISSUED ON _____
 2. AMOUNT OF PERMIT FEE (SEE SCHEDULE) _____
 3. PERMIT FEE PAID ON _____
 4. PERMIT FEE ACCEPTED BY _____

_____, **Zoning Enforcement Officer**